



COUNTY OF BERKS, PENNSYLVANIA

**Tax Claim Bureau**

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Christian Y. Leinbach, Commissioner Chair  
Kevin S. Barnhardt, Vice Chair  
Michael S. Rivera, Commissioner

**NICOLE E. BLANDING, Tax Claim Director**

**TAX DEFERRAL PROGRAM APPLICATION**

Please complete this form in its entirety, sign and date at the bottom, and return to our office with your check or money order. Thank you.

<b>TAXPAYER DETAILS:</b>		
Name	Date of Birth	Age
Mailing Address		
Phone Number	Email Address	
<b>PROPERTY DETAILS:</b>		
PIN	Assessed Value	
Property Location	District	
<b>HOUSEHOLD DETAILS:</b>		
Income Amount \$	MONTHLY	ANNUALLY
Do you own this property?	YES	NO
Do you reside in this property?	YES	NO
Does anyone else reside in this property?	YES	NO
Other Resident 1	Date of Birth	Age
Other Resident 2	Date of Birth	Age
Other Resident 3	Date of Birth	Age
Total Other Income Amount \$	MONTHLY	ANNUALLY
<b>DELINQUENT TAX INFORMATION:</b>		
TAX BALANCE OWED	AS OF	
YEARS OWED	TO	

I, \_\_\_\_\_ (PRINT NAME) verify that the facts set forth in the foregoing are true and correct, to the best of my knowledge, information, and belief. I understand that the statements contained herein are made subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date